Webinar: Wednesday 11 March @1pm
Building trusted relationships in integrated care systems - A webinar from NHS England and Improvement – hosted by SCIE
Your Chair today is Roger

Rob

Gemma

Paul

NHS England and NHS Improvement
Building Trust in Integrated Care Systems

Rob Webster
11 March 2020
We are one of the biggest health and care partnerships

- Leeds and York Partnership (NHS Foundation Trust)
- Bradford District Care (NHS Foundation Trust)
- South West Yorkshire Partnership (NHS Foundation Trust)
- Tees, Esk and Wear Valleys (NHS Foundation Trust)

- Leeds Community Healthcare
- Bradford District Care
- Locala

- Airedale (NHS Foundation Trust)
- Calderdale and Huddersfield (NHS Foundation Trust)
- Harrogate and District (NHS Foundation Trust)
- The Mid Yorkshire Hospitals (NHS Trust)
- Bradford Teaching Hospitals (NHS Foundation Trust)
- The Leeds Teaching Hospitals (NHS Trust)

- 4 Community and MH Trusts
- 3 community providers
- 6 Acute Trusts
- 9 CCGs
- 333 GP practices
- 601 community pharmacies
- 319 domiciliary care providers
- Over 640 care homes
- 10 hospices
- Thousands of voluntary and community organisations

What makes this so challenging?

**Accountability:** NHS organisations looking ‘upwards’ to national bodies, Local Authorities are local & democratically accountable.

**Planning processes:** Timing and requirements misaligned. E.g. Statutory duty on Local Authorities to deliver financial balance.

**Relationships and culture:** Lack of understanding of drivers, motivations and ways of working.

**Funding:** There is a symbiotic relationship between health and care funding but social care and public health funding have not grown in line with the NHS.
Are your relationships big enough?

Kindness, emotions and human relationships: The blind spot in public policy

Julia Unwin, Carnegie Fellow
An equal partnership between NHS, local government, sectors and communities

A set of guiding principles that shape everything we do as we build trust & delivery

• We will be ambitious for the populations we serve and the staff we employ.

• The partnership belongs to commissioners, providers, local government, NHS and communities.

• We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.

• We will undertake shared analysis of problems and issues as the basis of taking action.

• We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.
Vision, Principles, Points of Agreement

Our next steps to better health and care for everyone
January 2018

West Yorkshire and Harrogate Health and Care Partnership
Our Partnership’s progress

2016/17
- Partnership formed
- West Yorkshire and Harrogate Health and Care Partnership
- Published ‘A healthy place to live, a great place to work’ to help develop and support staff and carers
- Set up a new community eating disorder service
- Funding agreed for new unit to support children and young people with mental ill health

2018
- Our clinical commissioning groups (CCG) agreed a shared work plan
- Set up an award-winning programme to support 260,000 carers
- Developed a programme and training to reduce suicides

2019
- Secured the largest share of national capital investment totalling £833m for ten schemes
- Managed our money better together

Facts:
- 1500 people identified for treatment to prevent stroke

To find out more about the positive difference our Partnership is making, from staying well, to cancer, children and young people’s mental health, to award winning support for unpaid carers, to what we are doing to reduce suicide, right through to building new hospitals, visit www.wyhpartnership.co.uk.
Real change happens in real work
Seeing the ‘whole person’s needs: Our plans...

- Health / care
- Wellbeing
- Homes
- Communities
- Jobs
- Investment
- Infrastructure
- Climate change

TACKLING HEALTH INEQUALITIES & UNJUST DIFFERENCES
‘It's amazing what you can accomplish if you do not care who gets the credit’
Harry Truman
Paul Burstow

Integrated Care: Building Trusting Relationships

social care institute for excellence

NHS England and NHS Improvement
Since 2015 taken on a portfolio of leadership roles around some common themes
ABOUT US
The Social Care Institute for Excellence (SCIE) improves the lives of people who use care services by sharing knowledge about what works. We are a leading improvement support agency and an independent charity working with adults’, families’ and children’s care and support services across the UK. We also work closely with related services such as health care and housing.
SCIE has a wealth of expertise, resources and tools to support systems, people and places make sense of the integration journey.

Resources, consultancy and training on integrating health, care and related services. Includes guides, models and evidence to support local areas, integrated care organisations, sustainability and transformation plans, care and health providers and commissioners.

Achieving Integrated Care: 15 best practice actions

New from SCIE and the Local Government Association. An accessible and practical resource. Allowing for for local variety in system design and service delivery to flourish.

- Read the SCIE and LGA report
- Recent webinar: Recording.slides

Definition and legislation
Defining integrated care: current

Delivering integrated care
Demonstrating what good looks like in

News

Integrated care research and practice
Our resource supports the planning, commissioning and delivery of coordinated person-centred care

SCIE and the Better Care Fund
Updated resources: SCIE has provided national BCF implementation support to many local health and care systems for
“integration is not the end goal in and of itself. Instead, it is a means towards achieving the goal of better, joined up care. Integration creates opportunities for transforming people’s experiences of care from disjointed to coordinated, reactive to proactive, and service-orientated to personalised.”

“integration should also support the building of community capacity for prevention, early intervention and ‘place-based’ care and support.”

“Systems leaders probably spent 10 to 20 per cent of their time on partnership activity 10 years ago. Now it needs to be 50 per cent to focus effectively on collective aims.” (Local government leader, ICS)

“I had a kind of ‘eureka’ moment (being part of the 2020 Leadership Programme). I realised this wasn’t just about the NHS. We can be very blinkered; it’s about a sense of place and the impact we have on the community around us.”

www.scie.org.uk/integrated-care/leadership/systems
About our area

- 3 CCGs
- 2 Health & Wellbeing Boards
- 13 District and Borough Councils
- 2 county councils
- 3 hospital trusts
- 4 community and mental health trusts
- 100s of health and care partners
- 1000s of community and voluntary sector organisations

Our STP population is 1.5 million
We have a total of 166 GP practices
There are 301 pharmacies in our STP area
There are 34 Primary Care Networks (PCNs)

A Healthier Future
Improving health and care in Hertfordshire and west Essex
THE CHAIRS BRIEF

- ensure implementation of the STP takes place at pace,
- holding the system to account
- keeping the STP focused on the task in hand
- securing the support of the Partners’ boards and staff
- ensuring the public are well informed and politicians are supportive
- challenging entrenched and parochial views and differing priorities
- an ambassador of the system
Them & Us to US
WHY WHY WHY WHY
Half of people aged 55-59 years living in the most deprived areas have the health status of people 25 years older than them living in the least deprived areas.

Source: Office for National Statistics, 2011 Census - sex by age by general health - 2011 deciles IMD2010 from LSOAs in England
The MONEY (FRF - Financial Recovery Fund)

50% system

50% institution
Eco-system
It’s all about people

“I would like my healthcare to focus more on wellness rather than illness.”
Healthwatch survey, 2019
ICS Accelerator

• Leading partnership
• System financial payment mechanism
• Population health management
• System Architecture

Just ONE of FIVE STPs receiving support
Our ICS 1.0 will not be the end state, nor will our place-based integrated care partnerships (ICPs) spring into existence in their final form.
Key priorities for the next six months

- Work with regional colleagues to co-produce mutual assurance processes and a performance improvement regime to for our system;
- Put in place the necessary partnership governance to ensure transparent decision-making and accountability;
- Maximise the benefit to our population of our participation in the population health management programme;
- Set our shared ambition and roadmap for investment to accelerate our digital transformation;
- Launch our Leadership Development Forum to continue to strengthen our partnership as part of our integrated People and OD strategy;
- Co-produce a Compact with our Community and Voluntary sector partners;
- Scope the opportunities and benefits of adopting a ‘one public estate’ approach;
- Take shared responsibility for promoting health equity by developing a programme of work as local anchor institutions to influence the wider determinants of health.
Key features of system leadership.

- Developing clear, credible plans for purposeful change
- Moving your talent from patrolling boundaries to building bridges.
- Creating conditions in which difficult conversations can take place & resolutions achieved.
- Supporting partners to innovate, develop and improve through collaboration
- Providing air cover to those changing the operating model.
- Facilitating measurement, multidirectional feedback and shared learning to keep on track.
THANK YOU!
Dr Gemma Moore, Clinical Director Droitwich and Ombersley, GP Partner and Strategic Director for South West Healthcare GP Federation
Next webinar: Wednesday 8 April

Using the skills and strengths of communities to transform health and care services